

# IMPLEMENTING A PERSONAL COMFORT MENU IN AN OBSERVATION UNIT

## BACKGROUND

- Inadequate pain management can adversely affect the patient psychologically by increasing stress and anxiety, and physically delaying healing processes (Islahudin et al., 2017).
- Studies indicate that non-pharmacologic complementary therapies are effective to relieve stress, anxiety, and pain (Lui & Petrini, 2015).
- Non-pharmacologic pain management can be used as an adjunctive treatment or replacement for traditional pain medication (Islahudin et al., 2017).
- Commonly used alternatives are: music, aromatherapy, meditation, guided imagery and stress-relieving devices (Forward et al, 2015; Lui & Petrini, 2015).



## PURPOSE

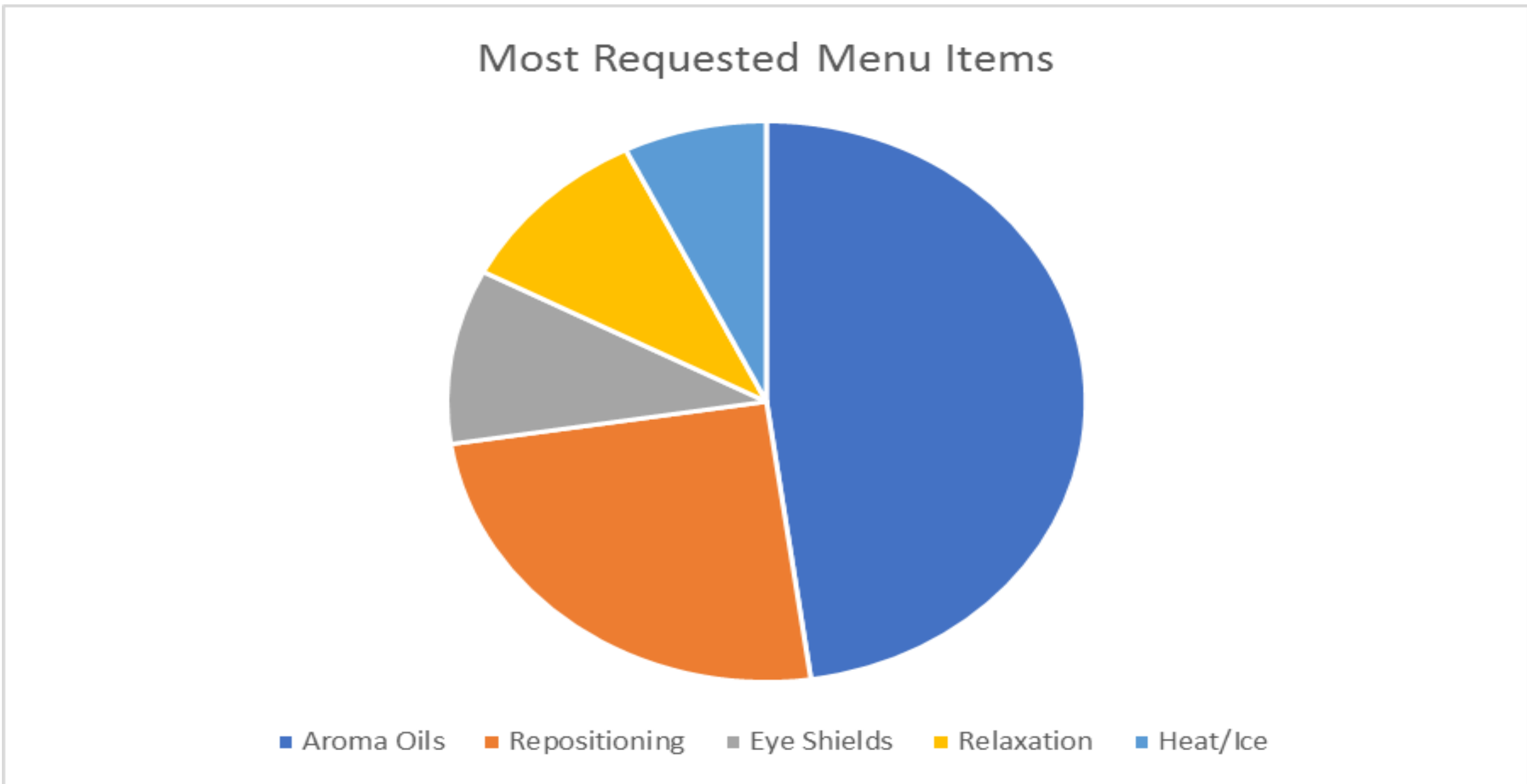
- The purpose of this study is to implement and evaluate the effectiveness of a patient-centered improvement plan to manage patients’ pain and anxiety.
- An additional aim of this project is to determine if proper management of pain will increase patient satisfaction measured by the HCAHPS pain management composite score

## REFERENCES

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## METHODS

- Design: IRB approved exploratory study.  
Setting: St Joseph Hospital – observation unit.  
Subjects: patients with acute and chronic pain and post-operative procedures.  
Procedure:
- Pre-procedure quality improvement audits and patient satisfaction scores serve as baseline.
  - Creation and approval of ‘Personal Comfort Menu’.
    - Developed by staff nurses after literature review.
    - Consulted with patient and family advisory council.
    - Marketing assisted with design of menu.
  - Training of staff.
  - Each room provided with laminated ‘Personal Comfort Menu’.
  - Staff nurses orient patient on arrival to unit and offer menu during pain assessments.
  - Number and type of menu items used tracked.
  - EHR audits to determine pain levels pre and post use of menu items and amount of prescribed pain medication use.



## RESULTS AND OUTCOMES

- Patient outcomes for pain management since project implementation are positive.
- N = 179 patients over a 5 month period.
- Mostly female (75.4%).
- Ranged in age from 18 - 98 (M=56.1 ± 21.0).
- Preliminary data demonstrates fewer and less frequent opioid administration with pain levels moving from a mean of 6 to a mean of 3 on a 0 -10 Pain Scale.
- Prior to menu offering, average pain levels averaged 5.6 (SD = 2.6, range 0-10). After the patient was offered and given requested interventions on the menu, pain levels averaged 2.5 (SD = 2.3, range 0 -10).
- Pain scores decreased pre to post menu offering for 102 out of 116 patients with pre and post scores (87.9%).

## IMPLICATIONS FOR PRACTICE

- Implementation of a ‘Personal Comfort Menu’ provides an individualized, effective approach to managing pain.
- Meets TJC requirements for alternative pain management options.
- Empowers patients to actively take part in their treatment plan.
- Increases RN autonomy to offer alternative pain management options.